

## SECTION IV

### NON-HOMELESS PERSONS WITH SPECIAL NEEDS

Persons with special needs include the elderly and frail elderly; persons with physical disabilities; persons with mental/developmental disabilities and substance abuse problems; and persons with HIV/AIDS. As limited income, which is sometimes related directly to medical and/or mental health conditions, can exacerbate housing problems experienced by persons in these populations, the City has focused its discussion of housing issues for Consolidated Plan purposes on special needs persons with incomes at or below HUD's middle-income limits.

#### IV.A Elderly and Frail Elderly<sup>13</sup>

As required by HUD, the City has completed HUD Table 1B, which identifies priorities for the use of federal funds for persons with special needs, including elderly persons; HUD Table 1C, which identifies any specific objectives established by the City for elderly persons; HUD Table 2A, which includes information on the rental housing needs of elderly persons with incomes at or below HUD's moderate-income limits; and HUD Table 2B, which includes information on objectives established to meet the supportive service needs of persons with special needs, including elderly persons. These tables and any related information required by HUD are available for review in Appendix II.

##### IV.A.1 Inventory of Facilities and Services for Elderly and Frail Elderly Persons

Renters - Of the 3,276 assisted rental housing units discussed in Section II.A.3 above, 598 are available to provide affordable rental housing specifically for elderly in an independent living environment. These units are available to elderly households with incomes at or below HUD's moderate-income limits.

Elderly renters with incomes at or below HUD's moderate-income limits may also be eligible for subsidies to assist with rents in market rate units through the Section 8 Housing Choice Voucher Program. This program is discussed in more detail in Section II above.

For elderly (and disabled) renters in HUD's extremely low-income category, the City also provides rent assistance through the Rent Relief Program, which offers an annual rent subsidy to households that are not participating in programs subsidized with federal or state funds.

Homeowners - For lower-income elderly homeowners, the City promotes housing affordability through the Property Tax Relief Program. This program provides full or partial forgiveness of real property taxes and/or payment deferral for elderly homeowners over age 65 with incomes up to \$62,000 per year. Elderly homeowners with incomes at or below HUD's moderate-income

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<sup>13</sup> For HUD purposes, elderly is defined as age 62 and over.

limit whose homes require safety and accessibility modifications are offered assistance through the City's Single Family Home Rehabilitation Program, which provides deferred payment, zero-interest loans to assist with repairs and accessibility modifications to enable lower-income elderly homeowners to safely remain in their homes without creating undue financial burden. The private non-profit organization Rebuilding Together Alexandria (RTA; formerly Christmas in April) also provides assistance with home repair and accessibility modifications for income-eligible elderly homeowners.

*Assisted Living* - An assisted living environment offers 24-hour staff support to persons who are no longer able to remain in their homes because of physical and/or mental disabilities. Within the City, subsidized assisted living for lower-income elderly persons is currently offered only at Sunrise of Alexandria, where one bed is available for an extremely low-income person. An additional 12 beds are available for lower-income City residents at locations outside the City.

*Support Services* - Support services for the elderly offered by the City and non-profit service providers include the in-home companion aid program, transportation services, home-delivered meals, adult day healthcare, exercise and health promotions programs and limited case management services. City services are coordinated by the City's Office of Aging and Adult Services in the Department of Human Services. The Geriatric Mental Health Team of the City's Department of Mental Health, Mental Retardation and Substance Abuse offers case management to elderly persons with various mental health diagnoses, including dementia. In addition, the Office of Aging and Adult Services coordinates the Alexandria Long Term Care Coordinating Committee (LTCCC), which has members from many public and private organizations that serve the long term care needs of elderly City residents. The group meets quarterly to coordinate services and address topics of mutual interest. For additional information on services for the elderly, see below.

#### **IV.A.2 Elderly and Frail Elderly Persons - Needs and Strategic Plan**

HUD tabulations based on 2000 U.S. Census data presented in Table H above identify housing problems experienced by elderly persons. This data indicates that at the time of the 2000 U.S. Census approximately 14% of all City households (or 8,572) were elderly households; that is the household consisted of one or two persons, at least one of which was aged 62 or over.

##### **Elderly and Frail Elderly Needs Assessment**

*Renters* - Information on the number of elderly renter households in the City with incomes within HUD's middle-income category and on the number of such households with housing problems (including cost burden, substandard conditions and/or overcrowding) is not available; however, HUD tabulations based on 2000 U.S. Census data indicate that at the time of the 2000 U.S. Census, approximately 67% of all elderly renter households (or 2,286 households) in the City were at or below HUD's moderate-income limits (see Table H above). More specifically, approximately 40% (or 1,353 households) of all elderly renter households were within HUD's extremely low-income category; an estimated 16% (or 543 households) were within HUD's low-

income category; and approximately 12% (or 390 households) were specifically within HUD's moderate-income category.

HUD tabulations based on 2000 U.S. Census data shown in Table H above indicate that at the time of the Census, 52.7% of (or 713) extremely low-income elderly renter households were experiencing cost burden and 42.8% (or 579 households) were experiencing severe cost burden. For low-income elderly renter households, HUD tabulations indicate that 68% (or 369 low-income elderly households) were experiencing cost burden and 33.1% or (180 households) were experiencing severe cost burden. For moderate-income elderly renter households, the HUD tabulations indicate that 55.1% (or 215 households) were experiencing cost burden and 16.7% (or 65 households) were experiencing severe cost burden. Data on the number of elderly renter households experiencing problems specifically related to physical condition or overcrowding is not available. However, HUD tabulations indicate that approximately 59% (or 1,357 households) of all elderly renter households with incomes at or below HUD's moderate-income limits experience some type of problem, which may include cost burden, physical condition of the unit and/or overcrowding.

Based on the data indicating that most elderly renter households in the City fall within lower-income ranges and that most of these lower-income elderly renter households experience cost burden, the City has determined that ongoing rent assistance is needed for this population.

*Homeowners* - Information on the number of elderly homeowners in the City with incomes within HUD's middle-income category and on the number of such households with housing problems (including cost burden, substandard conditions and/or overcrowding) is not available; however, HUD tabulations based on 2000 U.S. Census data indicate that at the time of the Census, approximately 31% of all elderly homeowner households (or 1,612 households) in the City were at or below HUD's moderate-income limits (see Table H above). More specifically, approximately 9.5% (or 497 households) of all elderly homeowner households were within HUD's extremely low-income category; an estimated 10% (or 530 households) were within HUD's low-income category; and approximately 11% (or 585 households) were specifically within HUD's moderate-income category.

HUD tabulations based on 2000 U.S. Census data shown in Table H above indicate that at the time of the Census, 76.1% (or 378 households) of all extremely low-income elderly homeowner households were experiencing cost burden and 51.1% (or 254 households) were experiencing severe cost burden; 40.6% (or 215 households) low-income elderly homeowner households were experiencing cost burden and 23.6% (or 125 households) were experiencing severe cost burden; and 30.8% of (or 180 households) moderate-income elderly homeowner households were experiencing cost burden and 12% (or 70 households) were experiencing severe cost burden. Data on the number of elderly homeowner households experiencing problems specifically related to physical condition or overcrowding is not available. However, HUD tabulations based on 2000 U.S. Census data indicate that approximately 48% of all elderly homeowner households with incomes at or below HUD's moderate-income limits (or 777 households) experience some

type of problem, which may include cost burden, physical condition of the unit and/or overcrowding.

HUD tabulations indicate a prevalence of housing problems for elderly homeowner households with incomes at or below HUD's moderate-income limits, particularly those falling specifically within HUD's extremely low-income category. As elderly homeowner households are typically on fixed incomes, the cost of repair or renovation work needed to maintain the safety and accessibility of their homes, and costs related to property taxes, which as discussed in Section IV.A.1. above have risen sharply in the City in recent years, can add to problems related to cost burden. The City has determined that ongoing assistance is needed for this population to reduce overall cost burden and to enable elderly homeowners to live in safe and accessible housing without adding to cost burden.

Assisted Living - As the City estimates that assisted living can cost as much as \$4,000 per month, subsidized beds are essential to ensure affordability for lower-income elderly households. While data on elderly households with incomes within HUD's middle-income category is not available, HUD tabulations based on 2000 U.S. Census data indicate that at the time of the Census, 1,470 elderly households in the City with incomes at or below HUD's moderate-income limits (or 37% of all lower-income elderly households) had mobility or self-care limitations. This figure is indicative of the number of lower-income frail elderly households that may be in need of assisted living opportunities. As noted above in the inventory of facilities and services for elderly persons, there are currently only 13 assisted living beds affordable to lower-income elderly Alexandrians in Northern Virginia.

Supportive Services - Supportive services allow elderly persons to enjoy a greater level of independence. The City anticipates that the need for such services will continue during the period covered by this Consolidated Plan. For more information about Supportive Services needs, see Section IV.B.2. below.

## **Goals and Outcomes**

General Goals - The City's general goal for elderly and frail elderly households is to:

- Promote housing stability for elderly renters and homeowners and enable elderly persons to age successfully in place.

Specific Objectives - Within the general parameters of the City's goal for elderly and frail elderly persons, the City has established the following housing-related specific objectives for elderly and frail elderly persons with incomes at or below HUD's moderate-income limits:

- Develop or support the development of an assisted living facility which can accommodate elderly persons with incomes at or below HUD's moderate-income limits who are unable to live independently in the community;

- Improve living conditions for 225 elderly homeowners with incomes at or below HUD's moderate-income limits occupying ownership units with physical defects and/or that are in need of accessibility modifications; and
- Relieve the housing cost burden for over 900 income-eligible elderly renters and/or homeowners per year.

These objectives address issues identified in the Needs Assessment related to the cost burden experienced by both elderly renter and homeowner households in the City with incomes at or below HUD's moderate-income limits, as well as the repair needs of elderly lower-income homeowners and the need for assisted living beds within the City that are affordable to lower-income elderly persons.

The City's objective involving the use of resources to rehabilitate existing ownership housing is intended to improve quality of life by addressing repair and maintenance needs without creating undue financial burden for elderly homeowner households within HUD's extremely low- to moderate-income ranges.

Specific objectives related to supportive services for elderly persons are discussed in Section V below.

Outcomes - Outcomes expected to result from activities undertaken to achieve City goals and objectives related to housing for elderly and frail elderly households are currently being developed by the City. For more information on expected outcomes and outcome measures, please refer to the City FY 2006 Action Plan in Section VI below or to the relevant annual Action Plan update.

### **Five-Year Strategies for Elderly and Frail Elderly Persons**

The following strategies will be implemented to promote the City's general goals and specific objectives for elderly and frail elderly persons in the City:

- Public and/or private entities will develop an assisted living facility;
- City government and/or private entities will offer financial assistance to support renovation and accessibility modifications for lower-income homeowners, including persons with special needs;
- City government will offer real property tax relief to income-eligible elderly and disabled homeowners;
- Public and/or private entities will offer subsidized rental housing opportunities specifically targeting income-eligible elderly renter households, as well as non-specialized rent assistance programs in which income-eligible elderly persons may participate; and
- City government and/or private entities will provide a variety of supportive services to the elderly and frail elderly, including transportation, congregate and home-delivered meals, companion aid, case management, adult protective services, senior centers and adult day healthcare facilities.

## Use of Available Resources

The following resources are expected to be available in the City during the Consolidated Plan period to promote goals and objectives for elderly and frail elderly persons with incomes at or below HUD's middle-income limits:

- City General Fund - City monies to support rent assistance or tax relief for extremely low-income elderly households not receiving state or federal subsidies;
- Community Partnership Fund - Funding initiative supported with City General Fund to support human service activities;
- Private Monies - Donations from private sources including the United Way, foundations and individual donors to support repair and renovation activities for income-eligible elderly homeowners;
- See Section II.B.2 for information on resources available to support public and replacement public housing units, as well as Section 8 Housing Choice Vouchers; and
- See Section II.D. for information on resources available to support renovation and repair activities for existing lower-income homeowners.

## Support for Elderly Housing and Supportive Services Applications by Other Entities

The City government would support applications by other entities for funding to continue housing programs for the elderly at existing levels of service, as well as to implement new initiatives specifically identified in the Consolidated Plan and/or Action Plans, subject to City Council approval of specific locations for any new facilities. Applications to increase service levels or to add new services not addressed in the Consolidated Plan or Action Plans would require City Council approval.

## IV.B Persons with Physical Disabilities

As required by HUD, the City has completed HUD Table 1B, which identifies priorities for the use of federal funds for persons with special needs, including those with physical disabilities; HUD Table 1C, which identifies any specific objectives established by the City for persons with physical disabilities; HUD Table 2A, which includes information on the housing needs of persons with special needs with incomes at or below HUD's moderate-income limits; and HUD Table 2B, which includes information on objectives established to meet the supportive service needs of persons with special needs, including those with physical disabilities. These tables and any related information required by HUD are available for review in Appendix II.

### IV.B.1 Inventory of Facilities and Services for Persons with Physical Disabilities

Renters - Accessible public and/or replacement public housing is available for disabled Alexandrians with incomes at or below HUD's moderate-income limits. Of the existing public housing and public housing replacement units discussed in Section II above, twelve are accessible to persons with disabilities. Eighteen additional accessible and adaptable units are

expected to become available upon completion of the redevelopment of Samuel Madden Homes (Downtown).

Disabled renters with incomes at or below HUD's moderate-income limits may also be eligible for subsidies to assist with rents in market rate units through the Section 8 Housing Choice Voucher Program. This program is discussed in more detail in Section II above.

For disabled (and elderly) renters in HUD's extremely low-income category, the City also provides rent assistance through the Rent Relief Program, which offers an annual rent subsidy to households that are not participating in programs subsidized with federal or state funds.

Disabled renter households with incomes at or below HUD's moderate-income limits living in privately-owned rental properties requiring accessibility modifications may access the City's Rental Accessibility Modification Program (RAMP), which provides grants to assist with the costs associated with retrofitting rental units, as well as costs that may be incurred should a landlord require that a unit be returned to its original state.

Homeowners - For lower-income disabled homeowners, the City promotes housing affordability through the Property Tax Relief Program. This program provides full or partial forgiveness of real property taxes and/or payment deferral for disabled homeowners with incomes up to \$62,000 per year. Disabled homeowners with incomes at or below HUD's moderate-income limit whose homes require safety and accessibility modifications are offered assistance through the City's Single Family Home Rehabilitation Program, which provides deferred payment, zero-interest loans to assist with repairs and accessibility modifications to enable lower-income disabled homeowners to safely remain in their homes without creating undue financial burden. The private non-profit organization Rebuilding Together Alexandria (RTA; formerly Christmas in April) also provides assistance with home repairs and accessibility modifications for income-eligible disabled homeowners.

Assisted Living - An assisted living environment offers 24-hour staff support to persons who are no longer able to remain in their homes because of physical and/or mental disabilities. Within the City, subsidized assisted living for lower-income persons with disabilities is currently offered at three Medicaid nursing facilities, which provide a total of 391 Medicaid-certified beds

Supportive Services - The City's Department of Human Services employs a full-time Disability Resources Coordinator who is responsible for facilitating access to all City services by persons with disabilities and serves as an advocate for City residents with disabilities. The City also employs a full-time Employment Training Specialist for persons with disabilities and offers a fully accessible Employment Resource Room. The Endependence Center of Northern Virginia, a private, non-profit agency, helps persons with disabilities to become independent through counseling, referrals for housing, personal assistants, assistive technology, educational opportunities and transportation. For additional information on services to meet the needs of persons with disabilities, see Section IV.B.2. below.

## IV.B.2 Persons with Physical Disabilities - Needs and Strategic Plan

### Needs Assessment

Renters and Homeowners - Based on data from the 2000 U.S. Census, at the time of the Census there were as many as 3,149 persons aged 16 to 64 years in Alexandria with a physical disability, but no self-care limitations. This data is indicative of the number of non-elderly City residents with physical and/or sensory disabilities in need of accessible housing as opposed to assisted living opportunities.

The most recent apartment accessibility surveys conducted by the City were completed in 1988 and 1990. The 1988 survey included 24,187 multifamily units and indicated that 7,939 of these units or 33% of the apartments in the City are accessible or partially accessible. The accessible units have features ranging from handicapped parking to minimum width doorways, elevators or grab bars in showers and tubs.

While more limited in terms of the number of units inspected, the 1990 survey involved a more detailed inventory of such features as kitchen cabinets, sinks, bathrooms, door handles etc. Of the 25 apartment complexes inspected at the time, only five (or 20%) had a minimally acceptable handicapped-accessible bathroom with a 60" clear turning space for wheelchair users.

Retrofitting of existing housing units to accommodate persons with disabilities is an option for both homeowners and renters. Disabled homeowners may undertake accessibility modifications in their homes at their discretion, subject to City permitting requirements. For disabled renters, the federal Fair Housing Amendments Act of 1988 requires landlords to allow accessibility modifications to be made to rental units at the tenant's expense. However, the cost of retrofitting may be a barrier for both disabled renters and homeowners falling within HUD's extremely low-to moderate-income limits. The cost to retrofit a single family home for someone using a wheelchair can exceed \$60,000 including a ramp, an accessible kitchen and one accessible bathroom (assuming the home is on one level). The cost of retrofitting an apartment is estimated at \$50,000. For renters, additional costs may also be incurred, as although the Fair Housing Act requires landlords to allow modifications at the tenant's expense, if the retrofitting impedes the next tenant's use of the apartment, the owner can require that the dwelling be restored to its original condition upon the vacation of the unit.

Assisted Living - Based on 2000 U.S. Census data on persons aged 16 to 64 with self-care limitations, it is estimated that as many as 816 non-elderly disabled persons in Alexandria are in need of assisted living.

Supportive Services - Supportive services, including personal assistance services, can allow persons with disabilities to maintain a greater level of independence; however, these services are extremely costly. For example, personal attendant care services can exceed \$18,200 per year for just five hours of care per day.



## Goals and Outcomes

General Goals - The City's general goals for non-elderly persons with disabilities are to:

- Promote housing stability and accessibility for disabled renters and homeowners with incomes at or below HUD's moderate-income limits; and
- Provide supportive services that promote independence and self-sufficiency for persons with disabilities.

Specific Objectives - Within the general parameters of the City's goals for disabled persons, the City has established the following housing-related specific objectives for disabled persons with incomes at or below HUD's moderate-income limits:

- Improve living conditions for eight non-elderly disabled homeowners with incomes at or below HUD's moderate-income limits occupying ownership units with physical defects and/or that are in need of accessibility modifications; and
- Support accessibility modifications in 15 existing privately-owned rental housing units occupied by disabled renters with incomes at or below HUD's moderate-income limits;
- Relieve the housing cost burden for 70 income-eligible non-elderly disabled renters and/or homeowners per year.

These objectives address issues identified in the Needs Assessment related to cost burden likely to be experienced by disabled renter and homeowner households in the City with incomes at or below HUD's moderate-income limits, as well as the accessibility needs of such households without creating undue cost burden.

The City's objectives involving the use of resources to rehabilitate existing ownership and rental housing for accessibility purposes is intended to increase the supply of accessible housing for disabled persons and to improve quality of life without creating undue financial burden for lower-income persons with disabilities.

Specific objectives related to supportive services are discussed in Section V below.

Outcomes - Outcomes expected to result from activities undertaken to achieve City goals and objectives for persons with disabilities are being developed by the City. For more information on expected outcomes and outcome measures, please refer to the City FY 2006 Action Plan in Section VII below or to the relevant annual Action Plan update.

### **Five-Year Strategies for Persons with Physical Disabilities**

The following strategies will be implemented to promote the City's general goals and specific objectives for persons with disabilities:

- City government and/or private entities will offer financial assistance to support renovation and accessibility modifications for income eligible disabled homeowners;
- City government will offer financial assistance to support accessibility modifications for disabled renters with incomes at or below HUD's moderate-income limits;
- City government will offer real property tax relief to income-eligible disabled and elderly homeowners;
- City government will promote compliance with fair housing requirements for persons with disabilities by both developers and existing rental property owners through testing, code enforcement and training programs; and
- Public and/or private entities will offer subsidized rental housing opportunities specifically targeting disabled persons, as well as non-specialized rent assistance programs, in which income-eligible disabled persons may participate.

### **Use of Available Resources**

The following resources are expected to be available in the City during the Consolidated Plan period to promote goals and objectives for persons with disabilities:

- City General Fund - City monies to support rent assistance for extremely low-income elderly and/or disabled households not receiving state or federal subsidies;
- Community Partnership Fund - Funding initiative supported with City General Fund to support human service activities;
- Private Monies - Donations from private sources including the United Way, foundations and individual donors to support repair and renovation activities for income-eligible elderly homeowners;
- See Section II.B.2 for information on resources available to support public and replacement public housing units, as well as Section 8 Housing Choice Vouchers; and
- See Section II.D.2. for information on resources available to support renovation and repair activities for existing lower-income homeowners.

### **Support for Disabled Housing and Supportive Services Applications by Other Entities**

The City would support applications by other entities for funding to provide housing for the physically disabled, but, to the extent that such housing is rental housing for low-income persons, support would be provided only on a case-by-case basis subject to Council approval of specific locations. Organizations and agencies are encouraged to come forward with their plans for City Council review and approval as far as possible in advance of application due dates.

#### **IV.C Persons with Mental Health, Mental Retardation and/or Substance Abuse Problems**

The Alexandria Community Services Board (ACSB) is responsible for identifying the service needs of individuals in the City with mental health, mental retardation and substance abuse problems. Every five years, ACSB develops a Five-Year Housing Plan that identifies residential treatment facility needs for individuals with mental health, mental retardation or substance abuse problems. The most recent plan, which was approved by City Council for the period of July 1, 2003 through June 30, 2008, is available for review in Appendix VII.

As required by HUD, the City has completed HUD Table 1C, which identifies any specific objectives established by the City for persons with mental health, developmental and/or substance abuse problems; and HUD Table 2A, which includes information on the housing needs of persons with special needs with incomes at or below HUD's moderate-income limits. These tables and any related information required by HUD are available for review in Appendix II.

##### **IV.C.1 Inventory of Facilities and Services for Persons with Mental Health, Developmental and/or Substance Abuse Problems**

*Housing* - Supportive housing for persons with mental health, developmental and/or substance abuse problems is administered by the Alexandria Community Services Board (ACSB) in conjunction with Sheltered Homes of Alexandria (SHA), a private non-profit organization that owns and maintains many of the residential facilities serving ACSB clients. ACSB and SHA currently operate permanent supportive housing programs that are open generally to persons needing supportive housing in nine group homes and 33 supervised apartments with a combined capacity of 135 beds. In addition, as discussed in Section III.A above, another 37 transitional and permanent supportive housing beds and three placements for family households are available through programs that specifically target homeless persons.

Persons with mental health, developmental and/or substance abuse problems that fall within HUD's extremely low- to moderate-income ranges, may also be eligible for rental housing assistance available through public housing and public housing replacement units, through the Section 8 Housing Choice Voucher Program or through the City's Rent Relief Program. These non-specialized housing programs are discussed in Section II above.

*Supportive Services* - The City's Department of Mental Health, Mental Retardation and Substance Abuse (DMHM RSA) is the primary provider of non-housing supportive services for persons with mental health, mental retardation and/or substance abuse problems. In order to respond to the changing needs of a growing number of clients with both mental health problems and substance dependence, DMHM RSA provides integrated services across disability lines that include mental illness, mental retardation and drug/alcohol addiction from the perspective of clients' length and intensity of treatment. Short-term emergency services and outpatient mental health and drug/alcohol treatment are provided by an "acute care" division, while longer-term day treatment, vocational services, case management and residential services are provided by an

“extended care” division. A third division, “prevention and early intervention,” reaches across disability areas and populations. This service delivery system enables DMHMRSA to allocate its staff and resources in a manner that better meets the needs of a changing client population.

For more information on supportive services available to persons with mental health, mental retardation and/or substance abuse problems, please refer to Section IV.C.2 below.

*Persons Returning from Mental and Physical Health Institutions* - ACSB, which provides policy direction and fiscal oversight of the City’s Department of Mental Health, Mental Retardation and Substance Abuse (DMHMRSA), is the local government agency responsible for the implementation of state policies governing the discharge of individuals from state psychiatric facilities. ACSB, as mandated by state code, is also the entry point for screening individuals in need of hospitalization at state psychiatric facilities. As a result, the Board is a part of the discharge planning process from the moment an individual is determined to be in need of admission to a state facility.

The ACSB and the state psychiatric facilities, the Northern Virginia Mental Health Institute (NVMHI) and Western State Hospital (WSH) have maintained a signed cooperative agreement that outlines each facility’s roles and responsibilities. The ACSB also has maintained a signed cooperative agreement with Inova Mt. Vernon Hospital and the Northern Virginia Community Hospital that outlines both facilities roles and responsibilities as they pertain to the admission and discharge of individuals from the hospitals psychiatric units.

For over twenty-five years, the Commonwealth of Virginia has had in place a set of guidelines called *Discharge Protocols for Community Services Boards and State Mental Health Facilities*. These protocols are designed to provide consistent direction and coordination of those activities required of state facilities and community services boards in the development and implementation of discharge planning from state psychiatric hospitals. Virginia protocols require state psychiatric facilities to include housing as a part of the discharge plans. The activities delineated in these protocols are based on or referenced in the *Code of Virginia* or the Continuity of Care Procedures in the Community Services Performance Contract. (The Community Services Boards must agree to follow these protocols as part of their annual performance contract with the state.) ACSB and DMHMRSA have had policies and protocols in place for many years, specifically addressing the roles and responsibilities in providing community support services for individuals who are hospitalized in state psychiatric institutions. DMHMRSA makes every effort to link homeless individuals with appropriate residential services and uses homeless shelters only as a last resort or when an individual refuses residential placements offered to them and chooses to live in a shelter. In fact, the Department, using a variety of state and local resources, has significantly expanded its own continuum of supportive residential placements over the past twenty years.

## **IV.C.2 Persons with Mental Health, Mental Retardation and/or Substance Abuse Problems - Needs and Strategic Plan**

### **Needs Assessment**

*Housing* - As persons with mental health, mental retardation and/or substance abuse problems often fall within lower-income ranges, the cost of housing is a problem for these groups. Also, persons with mental health, mental retardation and/or substance abuse problems require supportive housing to enable them to receive treatment, to allow them to maintain independence and/or to ensure that they receive help in their daily activities.

*Supportive Services* - The City anticipates that the need for supportive services for persons with mental health, mental retardation and/or substance abuse problems offered outside of residential treatment programs will continue during the period covered by this Consolidated Plan. For more information about Supportive Services needs, see Section V below.

### **Goals and Outcomes**

*General Goals* - The City's general goals for persons with mental health, mental retardation and/or substance abuse problems are to:

- Provide housing opportunities with case management and supportive services to persons with mental health, mental retardation and/or substance abuse problems; and
- Provide supportive services for persons with mental health, mental retardation and/or substance abuse problems.

*Specific Objectives* - Within the general parameters of the City's housing-related goal for persons with mental health, mental retardation and/or substance abuse problems, the City has established the following specific objectives, which are consistent with objectives established by ACSB in its Five-Year Housing Plan. Should the ACSB Five-Year Plan be updated prior to the end of the Consolidated Plan period, these objectives may be modified accordingly.

- Continue to provide a continuum of residential treatment services to individuals with mental health, mental retardation and substance abuse problems;
- Develop four new group homes with an estimated total capacity of 24 beds to provide permanent residential treatment services for individuals with mental health, mental retardation and substance abuse problems;
- Develop 15 supervised apartments with an estimated total capacity of 45 beds to provide permanent residential treatment services for individuals with mental health, mental retardation and substance abuse problems; and
- Provide 10 tenant-based rental vouchers through the Section 8 Housing Choice Voucher Program to enable more individuals with mental health, mental retardation and substance abuse problems to secure affordable permanent supportive housing within the City.

These objectives address issues identified in the Needs Assessment above related to housing cost burden that may be experienced by persons with mental health, mental retardation and/or substance abuse problems, as well as to the supportive housing needs of such persons.

Specific objectives related to supportive housing for homeless persons with mental health, mental retardation and/or substance abuse problems are discussed in Section III above and objectives related to supportive services for persons with mental health, mental retardation and/or substance abuse problems are discussed below.

Outcomes - The City is developing outcomes and outcome measures for activities undertaken to achieve City goals and objectives related to housing for persons with mental health, mental retardation and/or substance abuse problems. For more information on expected outcomes and outcome measures, please refer to the City FY 2006 Action Plan in Section VII below or to the relevant annual Action Plan update.

### **Five-Year Strategies for Persons with Mental Health, Mental Retardation and/or Substance Abuse Problems**

The following strategies will be implemented to promote the City's general goals and specific objectives for persons in the City with mental health, mental retardation and/or substance abuse problems:

- City government and/or private entities will provide subsidized residential and supportive services to persons with mental health, mental retardation and/or substance abuse problems;
- City government and/or private entities will seek resources to develop new supportive housing opportunities for persons with mental health, mental retardation and/or substance abuse problems; and
- City government will cooperate with ARHA to provide tenant-based rental assistance specifically for persons with mental health, mental retardation and/or substance abuse problems.

### **Use of Available Resources**

The following resources are expected to be available in the City during the Consolidated Plan period to promote goals and objectives for persons with mental health, mental retardation and/or substance abuse problems:

- Supportive Housing Program (SHP) - Federal monies to support housing programs for persons with special needs;
- Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services - State monies to support services for persons with mental health, mental retardation and/or substance abuse problems;
- City General Fund - City monies to support services for persons with mental health, mental retardation and/or substance abuse problems;

- Client Fees - Service fees paid by clients; and
- See Section II.B.2 for information on resources available to support public and replacement public housing units, as well as Section 8 Housing Choice Vouchers.

### **Support for Housing and Supportive Services Applications by Other Entities**

The City government would support applications by other entities for funding to continue housing programs for persons with mental health, mental retardation and/or substance abuse problems at existing levels of service, as well as to implement new initiatives specifically identified in the Consolidated Plan, Action Plans and/or the Alexandria Community Service Board (CSB) Five-Year Housing Plan, subject to City Council approval of specific locations for any new facilities. Applications to increase service levels or to add new services not addressed in the Consolidated Plan, Action Plans or CSB Five-Year Housing Plan would require City Council approval. Organizations and agencies are encouraged to come forward with their plans for City Council review and approval as far as possible in advance of application due dates.

## **IV.D Persons Living with HIV/AIDS**

Human immunodeficiency virus (HIV), which is the underlying cause of acquired immunodeficiency syndrome (AIDS) is a long-term illness that often causes an extended phase of disability. Many persons living with HIV/AIDS are unable to work and have inadequate or no disability or health insurance, factors which contribute to housing assistance and supportive services needs.

As required by HUD, the City has completed HUD Table 2A, which includes information on the housing needs of persons with special needs with incomes at or below HUD's moderate-income limits. This table and any related information required by HUD are available for review in Appendix II.

### **IV.D.1 Inventory of Facilities and Services for Persons Living with HIV/AIDS**

Housing - Long-term tenant-based rental assistance in the City for persons living with HIV/AIDS is administered by the Alexandria Redevelopment and Housing Authority (ARHA) using funds available under the federal Housing Opportunities for Persons with AIDS (HOPWA) Program. This program currently supports rental assistance vouchers for 10 households.

Emergency and short-term housing assistance and other housing-related services (including housing and financial counseling and emergency utility assistance) are provided on a regional basis and are available to City residents living with HIV/AIDS.

As discussed in Section III.A above, emergency shelter beds for Alexandria residents living with HIV/AIDS are available through Agape House, which is operated by the private non-profit Wesley Housing Development Corporation in Fairfax County.

Persons living with HIV/AIDS that fall within HUD's extremely low- to moderate-income ranges, may also be eligible for rental housing assistance available through public housing and public housing replacement units, through the Section 8 Housing Choice Voucher Program and through the City's Rent Relief Program. These programs are discussed in Section II above.

Supportive Services - The Alexandria Health Department provides primary medical care, drug assistance, public health nurse case management and dental and nutrition services to persons in the City living with HIV/AIDS. Services are provided on a sliding fee scale based on income.

The Alexandria Community Services Board (ACSB) and the City's Department of Mental Health, Mental Retardation and Substance Abuse (DMHMRSA) provide mental health and substance abuse services to persons with HIV/AIDS, their families and caregivers.

WWC/NOVA provides case management services on a regional basis that are available to Alexandrians living with HIV/AIDS. Case management services are provided regardless of income level; however, the overwhelming majority of persons assisted have lower incomes. WWC/NOVA also provides primary medical care, dental care, case management, legal services, emergency financial assistance and support groups.

The Northern Virginia AIDS Ministry (NOVAM) is a private, non-profit ecumenical organization that provides childcare, transportation and respite/homemaker services on a regional basis that are available to City residents living with HIV/AIDS

Persons in the City living with HIV/AIDS may also access a wide variety of services not specifically targeted to this population. These services include mental health counseling, hospice care, home nursing, homemaker services, employment services, childcare, foster care, adoption, food and nutrition services, social work and direct entitlements for persons with HIV/AIDS. This care network is coordinated by the previously-mentioned Northern Virginia HIV Consortium. The Consortium's purpose is to coordinate an integrated, comprehensive response to the HIV pandemic in Northern Virginia through participation of persons living with HIV/AIDS, public and private agencies involved in planning and direct care to individuals.

#### **IV.D.2 Persons Living with HIV/AIDS - Needs and Strategic Plan**

Cumulative statistics from the Virginia Department of Health indicate that as of June 30, 2004 there were 1,105 reported cases of AIDS and 925 reported cases of HIV in the City. In City FY 2003, the City had the highest reported case rates of HIV and AIDS per 100,000 persons of any jurisdiction in Virginia (42.7 and 65.2 respectively). Data indicates that reported cases of HIV/AIDS mostly involve persons between the ages of 20 and 40. It should be noted that the case rates shown here reflect the numbers of persons with AIDS and HIV infection in Alexandria



that have been reported to the Virginia Department of Health; the actual number is assumed to be higher.

### **Needs Assessment**

*Housing* - As of December 2004, the Alexandria Health Department, which assists only persons with incomes at or below HUD's moderate-income level, had a caseload of 196 clients with HIV/AIDS. The Health Department estimates that 33% of the current caseload, or some 65 Alexandrians, have potential or real need for housing assistance.

There are also a number of individuals living with HIV/AIDS in Alexandria who may be in unstable living environments for other social or economic reasons. Unstable living situations are stressful enough for healthy persons; however, for persons with HIV/AIDS, stable housing is of utmost importance. For the person living with HIV/AIDS, such stress often results in inconsistent access to medical care and may encourage disease progression and even death. Both the Health Department and DMHMRSA agree that there is an ongoing need for residential facilities for persons with chronic mental illness and complex medical problems. The need is especially high among homeless persons requiring medical monitoring who are ineligible for hospitalization or hospice, but whose medical needs exceed the capability of the City's homeless shelters.

Given the on-going increase in the number of HIV and AIDS cases in the City, the City's density of population, and the relatively high numbers in the risk groups that are experiencing an increased infection rate (i.e., women and injectable drug users), it is anticipated that the number of persons living with HIV/AIDS in the City of Alexandria will continue to grow, as will corresponding housing needs.

A person with HIV/AIDS who is employed and has health insurance is most likely to need housing as his/her health deteriorates and employment and insurance are lost, whereas persons who are under-employed often require affordable housing for reasons separate and apart from their HIV/AIDS diagnosis. Barriers to affordable housing for Alexandrians with HIV/AIDS include the rising cost of rental units in the City, high basic income requirements to rent an apartment, security deposits tied to high rent amounts (e.g., one months' rent as deposit), and the cost of credit checks and applications now required by most landlords.

With an HIV/AIDS diagnosis, stable housing becomes even more important to the person affected to maximize his/her quality and quantity of life and to prevent exposure to factors that would contribute to the deterioration of his/her health. The type of housing assistance needed by persons with HIV/AIDS in Alexandria varies per person depending on health status, and can include one-time or periodic assistance with taxes and/or house payments, periodic rental and/or utility assistance, on-going subsidized housing, and long-term care in a group home, nursing home and/or hospice. In addition to housing, persons with HIV/AIDS are also in need of transportation, employment training, and medical, dental, mental health and substance abuse

services. Some funding is available for these services; however, the current level of funding is insufficient to meet a total client need that is expected to increase over time.

Supportive Services - Whether or not they need housing assistance, most persons who are ill with AIDS or HIV infection need various kinds of supportive services in the home. In 1991, the federal Ryan White Comprehensive AIDS Resource Emergency (CARE) Act began providing funds for an array of supportive services for persons with symptomatic HIV infection who are low-income, uninsured or underinsured, and who are ineligible for Medicaid. However, the funding available through this program is decreasing and is insufficient to meet the total client need. Alexandria Health Department has not had to restrict admissions; however, the two other providers of primary medical care are either closed to new admissions or have a waiting list that delays entry to care for up to six months. Because CARE Act-funded programs provide in-home supportive services, the need for nursing home placement and in-patient hospice is limited to persons who can no longer care for themselves in the home. Alexandria currently has two low-income persons at any one time in need of such hospice. The need for additional beds is projected to double in the next five years, based on projections from the Centers for Disease Control.

## **Goals and Objectives**

The City's general goal for persons living with HIV/AIDS is to continue to address the housing and supportive service needs of such persons and their families.

Specific Objectives - Within the general parameters of the City's goal for persons living with HIV/AIDS, the City has established the following specific objective:

- Maintain 10 tenant-based rental housing vouchers to provide rent subsidies to income eligible persons living with HIV/AIDS and their families.

This objective addresses issues identified in the Needs Assessment above related to housing cost burden for persons living with HIV/AIDS and their families.

## **Five-Year Strategies for Persons Living with HIV/AIDS**

The following strategies will be implemented to promote the City's general goal for persons living with HIV/AIDS:

- City government and/or private entities will provide long- and short-term housing assistance to persons in the City living with HIV/AIDS; and
- City government and/or private entities will provide supportive services to assist persons in the City living with HIV/AIDS and their families.

### Use of Available Resources

The following resources are expected to be available in the City during the Consolidated Plan period to promote goals and objectives for persons living with HIV/AIDS:

- Housing Opportunities for Persons with AIDS (HOPWA) Program - Federal funds to support housing and housing-related assistance for persons living with HIV/AIDS;<sup>14</sup>
- Ryan White CARE Act - Federal funds to provide supportive services to person living with HIV/AIDS;
- City General Fund - City monies to provide supportive services for income-eligible persons living with HIV/AIDS and rent assistance for persons with disabilities;
- Private Monies - Donations from private sources including foundations and individual donors to support services for persons living with HIV/AIDS; and
- See Section II.B.2 for information on resources available to support public and replacement public housing units, as well as Section 8 Housing Choice Vouchers.

### Support for Applications by Other Entities to Provide Services to Persons Living with HIV/AIDS

The City would support applications by other entities for funding to continue housing programs for the persons with HIV/AIDS at existing levels of service, as well as to implement any new initiatives specifically identified in the Consolidated Plan and/or Action Plans, subject to City Council approval of specific locations for any new facilities. Applications to increase service levels or to add new services not addressed in the Consolidated Plan and/or Action Plans would require City Council approval. Organizations and agencies are encouraged to come forward with their plans for City Council review and approval as far as possible in advance of application due dates.

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<sup>14</sup> HOPWA funds are awarded to the entire Washington, D.C. metropolitan area as a whole through the District of Columbia's HIV/AIDS Administration, which has been designated by the federal administering agency, the Department of Housing and Urban Development (HUD), as the entity that must apply for and receive HOPWA grant funds for the region. In Northern Virginia, these funds are managed and distributed by the Northern Virginia Regional Commission (NVRC) and used to support short-term housing assistance; group home operation; transitional housing for families with children; and housing information and referral services; for which related services are provided on a regional basis; and long-term rental assistance, for which funding is allocated to individual jurisdictions. The City of Alexandria's allocation of funds for long-term rental assistance for persons living with HIV/AIDS is administered by ARHA.